



Village of Canal Winchester

36 South High Street
Canal Winchester, Ohio 43110

Planning and Zoning Department
Phone (614) 837-7501 Fax (614) 837-0145

TREE AND WOODLAND REMOVAL AND WORK PERMIT APPLICATION

rev. 6/21/2010

PROPERTY OWNER

Name _____

Address _____

Daytime Phone _____ Email _____

APPLICANT

Name _____

Address _____

Daytime Phone _____ Email _____

Address of Subject Property _____

Subdivision and Lot Number (if applicable) _____

If WOODLAND, include a detailed drawing to scale of the proposed project.

Are the trees greater than four (4) inches in diameter (dbh)? ____ Yes ____ No

Attach three (3) copies of a tree survey prepared by a certified arborist or professional forester.
Additional information per Chapter 1191 of the Zoning Code may be required by the Urban Forester.

**I certify that the information provided with this application is correct and accurate
to the best of my ability.**

Property Owner's or Authorize Agent's Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Received: ____ / ____ / ____

Fee: \$ _____

Historic District: ____ Yes ____ No

Paid ☐

Preservation Area: ____ Yes ____ No

Date of Action: ____ / ____ / ____

Application ____ No

Expiration Date: ____ / ____ / ____

Approved: ____ Yes

____ Yes, with conditions

Urban Forester _____